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Form 990-EZ

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross recepts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ➤ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

		e 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 3		2010					
В	Check if applicab	le Please V Marie d'Organization	loyer	identification number					
Ļ	Address use IRS label or								
<u>L</u>	Name chang	Print or MANHATTAN ROTARY CLUB 1 type Number and street or P.O. how if mail is not delivered to street address?		107864					
L	Initial returi	Number and street (of P.O. DOX, it mail is not delivered to street address)							
L	Term ated	n- Specific P O BOX 331	<u>85-</u>	<u>537-2202</u>					
	— retur		up Exe	emption					
	Applic pendir		nber 🕽						
	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting m	ethod:	X Cash Accrual					
_		Schedule A (Form 990 or 990-EZ). Other (specify)						
Ī	Websit	e: ▶ <u>WWW.MANHATTANROTARY.ORG</u> H Check ▶	X ıf	the organization is not					
J	Tax-ex	empt status (check only one) $ \times$ 501(c) (3) \triangleleft (insert no.) \square 4947(a)(1) or \square 527 required to attach	Sche	dule B (Form 990, 990-EZ, or 990-PF)					
K	Check	f the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more	than \$	25,000. A Form 990-EZ or					
		Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.							
Ĺ_	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	\$						
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions	for Pa	rt I.)					
_	1	Contributions, gifts, grants, and similar amounts received	1	6,055.					
	2	Program service revenue including government fees and contracts	2						
	3	Membership dues and assessments	3	44,984.					
	4	Investment income	4	166.					
	5a	Gross amount from sale of assets other than inventory 5a							
	Ь	Less: cost or other basis and sales expenses 5b							
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c						
è	6	Special events and activities (complete applicable parts of Soriedule G). If any amount is from gaming, check here							
Revenue	a	Gross revenue (not including \$ of contributions		-					
Вè		reported on line 1) DEC 0 8 2010 G							
	Ь	Less: direct expenses other than fundraising expenses (6b)							
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c						
	7a	Gross sales of inventory, less returns and allowances 7a							
	b	Less; cost of goods sold							
) }	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c						
•	8	Other revenue (describe)	8						
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	51,205.					
	10	Grants and similar amounts paid (attach schedule) STMT 2	10	18,614.					
	11	Benefits paid to or for members	11						
Ś	12	Salaries, other compensation, and employee benefits	12	6,780.					
Š	13	Professional fees and other payments to independent contractors	13						
Expenses	14	Occupancy, rent, utilities, and maintenance	14						
ш	15	Printing, publications, postage, and shipping	15						
	16	Other expenses (describe SEE STATEMENT 1)	16	27,933.					
	17	Total expenses. Add lines 10 through 16	17_	53,327.					
-	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,122.					
ě	19	Net assets or fund balances at beginning of year (from line 27, column (A))							
Ass	1	(must agree with end-of-year figure reported on prior year's return)	19	11,886.					
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	20						
z 	د 21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	9,764.					
P	art II		D-EZ.						
		(See the instructions for Part II.) (A) Beginning of year		(B) End of year					
22	? Cas	h, savings, and investments 11,886	. 22	34,167.					
23	3 Lan	d and buildings	23						
24	Oth	er assets (describe ▶)	24						
25		al assets 11,886	. 25	34,167.					
26	5 Tot	al liabilities (describe ► DEFERRED REVENUE FROM DUES) 0		24,403.					
27	Net Net	assets or fund balances (line 27 of column (8) must agree with line 21) 11,886	. 27	9,7 <u>64.</u>					
932	2171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions		Form 990-EZ (2009)					

	n 990-EZ (2009) MANHATTAN ROTARY CLUB			48-	<u>-61078</u>	64 Page 2
	art III Statement of Program Service Accomplishme		Part III.)		_	xpenses
Wh	at is the organization's primary exempt purpose? <u>SEE STATEMENT</u>	Γ 4				or section 501(c)(3) 4) organizations and
	scribe what was achieved in carrying out the organization's exempt pur			ıbe		7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan	nt information for each prog	gram title.	_	for others)	
28	COMMUNITY SERVICE				1	
	(Grants \$) If this amount includes foreign of	grants, check here	•		28a	22,483.
29	INTERNATIONAL SERVICE					
	(Create &				29a	5,450.
	(Grants \$) If this amount includes foreign (grants, check here			298	2,430.
30						
						
	(Grants \$) If this amount includes foreign (grants, check here		<u></u>	30a	
31	Other program services (attach schedule)					•
	(Grants \$) If this amount includes foreign of	grants, check here	. •		31a	
32	Total program service expenses (add lines 28a through 31a)				32	27,933.
	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	(See the	a instructions	for Part IV)
		T	T		ontributions	
	4.00	(b) Title and average hours	(c) Compensation) to 6	employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		efit plans &	account and
		position	-0-)		leferred opensation	other allowances
	TE DIMETE 2700 CHOND DINE CIDGLE	DDEGEDEN		COIII	pensation	<u> </u>
	LE BUTLER, 3700 STONE PINE CIRCLE,	PRESIDENT			^	
	NHATTAN, KS 66503	10.00	0.	<u> </u>	0.	0.
	HN STRUVE	TREASURER	_			
	5 DAVIS DR, MANHATTAN, KS 66502	10.00	0.	L	0.	0.
	ORGE HAM	SECRETARY				
10	28 BRIANNA CT, MANHATTAN, KS 66503	10.00	6,780.		0.	0.
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932 1 02-0					Form	990-EZ (2009)
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34 Wee any changes made to the organizing or governing documents? If Yes, Tatach a conformed copy of the changes If the organization had income from business activities, such as these reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization due not report the income on Form 990-T. If the organization have unrelated business gross moorne of \$1,000 or more or was it subject to section 6003(e) notice, reporting, and proxy its requirements? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has a this decided a filed year and the organization on the organization during the year under section 501(c)(4) organizations. Enter amount of tax mposed on organization managers or disqualitied persons during the yea	Pa	Int V Other Information (Note the statement requirements in the instructions for Part V)			
44 Wee any changes made to the organization or governing documents? If "res," attach a conformed copy of the changes If the organization had income from business activities, such as those reported on kines 2, 6a, and 7a (among others), but not reported on Form 990-1, attach a statement explaining why the organization of not report the income on Form 990-1. 354		•		Yes	No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaning why the organization did not report the income on Form 990-T. 36 Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 37 If "Yes, Tax titled a lax return on Form 990-T for this year? 38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes, complete applicable parts of Seh. N 38 If the amount of political expenditures, direct or indirect, as described in the instructions. 39 Did the organization form 120-PCL for this year? 30 Did the organization form or more, and any about site, as described in the instructions. 30 Did the organization form 120-PCL for this year? 31 Did the organization form 120-PCL for this year? 32 Did the organization form or make any biason to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 32 Did the organization form or make any biason to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 33 Did the organization is check or the period covered by this return? 34 Different organization in the period on line 9 35 Different organization in the period on line 9 36 Cross receiptions is checked on the in 9, 10 problem to organization and the organization of the organization of the organization org	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	_33		X
reported on Form 990-T, attach a statement explanming why the organization during not the income on Form 990-T. and the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? by If "Ses," has it filed a fax return on Form 990-T for this year? by If the complete applicable parts of Sch. N complete applicable parts of Sch. N complete applicable parts of Sch. N by If the amount of political expenditures, direct or indirect, as described in the instructions. by If the organization form 120-POL for this year? by If the organization form 1120-POL for this year? by If the organization form 1120-POL for this year? by If the organization form or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year, and still outstanding at the end of the period cowered by this return? by If Yes," complete Schedule L, Part II and enter the total amount involved section 501(c)(7) organizations. Enter: institution (16(3) organizations. Enter amount of tax in x imposed on organization during the year under section 501(c)(4) organizations. Enter amount of tax in x imposed on organization with a singularity desired in the organization during the year or is it aware that it engaged in an excess benefit transaction with a disqualitied person in a proriety art, and that the transaction has not been reported on any of the organizations. By prior Forms 990 or 990-E27 II Yes," complete Schedule L, Part II completed opersons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in x moosed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in x moosed on the organization organization organization with a disqualitied person in a prory year, and that the transaction of Yes, complete schedule L, Part II L	34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
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and proxy tax requirements? If Yes,* has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* 38		reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
b If Yes, 'nas it filed a tax return on Form 990-T for this year? 10 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'complete applicable parts of Sch. N 13 a faster amount of political expenditures, direct or indirect, as described in the instructions. 13 b Did the organization fle Form 1120-POL for this year? 13 b Did the organization berrow from, or make any foars to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 10 If Yes, 'complete Schedule I, Part II and enter the total amount involved 11 Yes, 'complete Schedule I, Part II and enter the total amount involved 12 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: 12 Indiation fless and captal contributions included on line 9 13 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Form 890 or 990-E27 If Yes, 'complete Schedule I, Part I organization and so the organization and so the organization managers or disqualified person in a prior year, and that the transaction has not been reported on any fibre organizations and so the organization managers or disqualified person and prior year, and that the transaction has not been reported on any fibre organization and prior year, and that the transaction has not been reported on any fibre organizations. Finter amount of tax imposed on organization managers or disqualified person and prior year, and that the transaction and the prior of the organization managers or disqualified person in a prior year, and that the transaction of I(c)(3) and 501(c)(4) organizations. Enter amount of t	a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
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36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 38 b If the organization berrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38 b If Yes, complete Schedule I, Part II and enter the total amount involved 38 cection 501((x)) organizations. Enter: 1 Initiation fees and capital contributions included on line 9 39 Section 501((x)) organizations. Enter amount of tax imposed on the organization during the year under: 2 section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0. 5 39 Section 501((x)) and 501((x)) organizations. Enter amount of tax imposed on organization during the year or is it aware that it engaged in an excess been the transaction with a disqualified person at prior year, and that the ransaction has not been reported on any of the organizations. Enter amount of tax inhosed or organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 4 Section 501((x)) and 501((x)) organizations. Enter amount of tax inhosed or organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 4 Section 501((x)) and 501((x)) organizations. Enter amount of tax on line 40c reimbursed by the organization organization. 4 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 89886-T 4 List the states with which a copy of this return is field. ▶ NONE 4 Load at a 1 2 0 N JULIETTE, MANHATTAN, KS 2 IP + 4 ► 66502 4 All organizations and the organization have an interest in or a signature or other authority over a financial Accounts. 4 All organizations are of the foreign country. ▶ 5 S	b		35b	N/	A
complete applicable parts of Sch. N 37	36				
The Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			36		X
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit irransaction in a prior year, and that the transaction during the year under sections 491(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 which according to the organizations. Enter amount of tax imposed on the enter the enter of the organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 which according the tax shelter transaction? If Yes, complete form 8886-T 40e X 11 List the states with whinch a copy of this return is filed. ▶ NONE 42e Teorganization's books are in care of ▶ MICH	37 a		•		
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Form 990-EZ (2009)		completed instead of Form 990-EZ		<u> </u>	
			Form 9	90-EZ	(2009)

Part	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitab and 51					
46 Di	id the organization engage in direct or indirect political campaign activitie	es on behalf of or in opposition to	candidates for public		Y	es No
	ffice? If "Yes," complete Schedule C, Part i				46	X
	id the organization engage in lobbying activities? If "Yes," complete So	•		L	47	X
	the organization a school as described in section 170(b)(1)(A)(ii)? If "Y			-	48	X
	id the organization make any transfers to an exempt non-charitable relate	ed organization?			49a	X
50 Cd	"Yes," was the related organization a section 527 organization? omplete this table for the organization's five highest compensated emploian \$100,000 of compensation from the organization. If there is none, en		s, trustees and key er	-	49b ch receiv	ed more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) E	xpense unt and llowance:
51 Co	otal number of other employees paid over \$100,000 omplete this table for the organization's five highest compensated indeperganization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid mo		ved more than \$100,	·	tion from	
)					
d To	otal number of other independent contractors each receiving over \$100,0	000	>			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on a Signature of efficer SUE MAES, PRESIDENT Type or print name and title	accompanying schedules and statemen all information of which preparer has any	its, and to the best of my knowledge	knowledge and belie Dele Date		
Paid	Preparer's signature			arer's identifying num	nber (See ı	nstr)
Prepare Use Onl	e Only Firm's name (or yours if self-employed), address. and ZIP+4 MICHAEL V. ROGERS //-29-20.0 employed VARNEY & ASSOCIATES, CPAS, LLC Phone NANHATTAN, KS 66502-6092 RIN Phone NO. 785-537					
May the	IRS discuss this return with the preparer shown above? See instruction			<u> </u>	Yes	No
May the	e IHS discuss this return with the preparer shown above? See instruction	IS		Fo	<u> Yes</u> rm 990-	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of t	ne organizat									identification		
Part I	Posson		TAN ROTARY CI			A. Ale			48	<u>8-6107</u>	<u>864</u>	
L			rity Status (Ali organi					tructions.				
ريا		•	because it is: (For lines	3		•						
1 📙			es, or association of chur			ection 170)(b)(1)(A)(i).				
2			70(b)(1)(A)(ii). (Attach So									
3 🖳	•		ital service organization									
4			operated in conjunction	with a hos	spital desc	ribed in se	ection 170)(b)(1)(A)(i	ii). Enter t	he hospital'	s nam	ıe,
	city, and state:											
5 📖	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		(b)(1)(A)(iv). (Compl										
6 🖳	A federal, sta	ate, or local governm	nent or governmental un	it describe	d in sectio	n 170(b)(1)(A)(v).					
7 📖	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170	(b)(1)(A)(vi). (Comple	ete Part II)									
8 🗀	A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X	An organizat	on that normally rec	ceives (1) more than 33	1/3% of its	s support f	rom contr	ibutions, r	nembersh	p fees, an	nd gross rec	eipts	from
	activities rela	ited to its exempt fu	nctions - subject to certa	aın except	ions, and (2) no mor	e than 33	1/3% of its	support	from gross	ınvest	ment
	income and	unrelated business t	taxable income (less sec	tion 511 ta	ax) from bu	ısınesses	acquired b	y the orga	anızatıon a	after June 3	0, 197	7 5
	See section	509(a)(2). (Complete	e Part III)									
10 🔲	An organizat	ion organized and o	perated exclusively to te	est for publ	lic safety. S	See sectio	on 509(a)(4).				
11	An organizat	ion organized and o	perated exclusively for t	he benefit	of, to perfo	orm the fu	inctions of	, or to carr	y out the	purposes o	f one	or
	more publicly	y supported organiz	ations described in secti	ion 509(a)(1) or section	on 509(a)(2) See se	ction 509(a)(3). Che	ck the box	that	
	describes the	e type of supporting	organization and compl	lete lines 1	1e through	n 11h.						
	a Type	I Ь□	Type II	с 🔙 Тур	e III - Fund	tionally in	tegrated		d 🗔	Type III - C)ther	
е 🗀	By checking	this box, I certify the	at the organization is not	t controlled	directly o	r indirectly	y by one o	r more dis	qualified p	persons oth	er tha	ın
	foundation m	nanagers and other t	than one or more publici	ly supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or s	section 509	(a)(2).	
f	If the organiz	ation received a wrr	tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check t	his box									
g	Since Augus	t 17, 2006, has the	organization accepted ai	ny gift or c	ontribution	from any	of the foll	owing per	sons?	_		
	(i) A perso	n who directly or inc	directly controls, either a	lone or tog	ether with	persons o	described	ın (ii) and (iii) below,		Yes	No
	the gov	erning body of the s	upported organization?							11g(i)		
	(ii) A family	member of a perso	n described in (i) above?	?						11g(ii)		
	(iii) A 35%	controlled entity of a	a person described in (i) o	or (ii) abov	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) Is	the	(vii) Am	ount o	f
	inization		organization (described on lines 1-9		sted in your		tion in col.	organizáti (i) organiz	ed in the	supp		
			above or IRC section	governing	document?	(i) of your support?		? `` ~ U.S.?		1		
		<u> </u>	(see instructions))	Yes	No	Yes	No	Yes	No			
										· 		
				<u> </u>			<u> </u>					
					ł	1						
				<u> </u>								_
				-								
				1								
				<u> </u>								
Total								L				
LHA For P	rivacy Act an	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedul	e A (Form	990 or 990	0-EZ)	2009

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 Part II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iii) 20	d 170/5V4VAV	Page 2
(Complete only if you checked			Sections 170	(D)(1)(A)(IV) all	id 170(b)(1)(A)(i	'' '
Section A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	(8) 2000	(5) 2000	(0) 2001	(u) 2000	(6) 2003	(i) Total
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a						
governmental unit or publicly					,	
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4				<u> </u>	<u> </u>	
Section B. Total Support		·				
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	_					•
8 Gross income from interest,						
dividends, payments received on			,			
securities loans, rents, royalties						
and income from similar sources					 	
9 Net income from unrelated business]	
activities, whether or not the						
business is regularly carried on 10 Other income. Do not include gain					 	
or loss from the sale of capital						
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10	-		-			
12 Gross receipts from related activities,	etc. (see instruction	ons)			12	
13 First five years. If the Form 990 is for	•	•	d fourth or fifth ta	ix vear as a sectio		
organization, check this box and stop		· · · · · · · · · · · · · · · · · · ·	.,,, 6. ,	, ca ao a coo	55 ((5)(5)	▶ [
Section C. Computation of Publi		rcentage	*			
14 Public support percentage for 2009 (li	ne 6, column (f) d	ivided by line 11, o	column (f))		14	%
15 Public support percentage from 2008			\ <i>''</i>		15	%
16a 33 1/3% support test - 2009.If the or	ganization did not	t check the box or	line 13, and line 1	4 is 33 1/3% or n		
stop here. The organization qualifies a						ightharpoons
b 33 1/3% support test - 2008. If the or	ganization did not	t check a box on li	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check thi	s box
and stop here. The organization quali		•				ightharpoons
17a 10% -facts-and-circumstances test						
and if the organization meets the "fact	s-and-circumstan	ces" test, check th	ns box and stop h	ere. Explain in Pa	rt IV how the organ	ızatıon

Schedule A (Form 990 or 990-EZ) 2009

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

<u>Se</u>	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and		Ļ				
	membership fees received (Do not						
	include any "unusual grants ")	 		38,931.	44,007.	51,039.	133,977.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			-915.			-915.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			38,016.	44,007.	51,039.	133,062.
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						133,062.
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009_	(f) Total
9	Amounts from line 6			38,016.	44,007.	51,039.	133,062.
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	I		930.	190.	166.	1,286.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	!					
(Add lines 10a and 10b			930.	190.	166.	1,286.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)			6,408.	5,847.	54 005	12,255.
	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	45,354.	50,044.	51,205.	146,603.
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth tax	k year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	e Support Po	roontogo				· P
	ction C. Computation of Publi						00 76 %
	Public support percentage for 2009 (I			column (r))	}	15	90.76 %
	Public support percentage from 2008 ction D. Computation of Inves					16	%
	Investment income percentage for 20					17	.88 %
	Investment income percentage from 2			10, 00,00,00,00,00,00,00,00	ļ	18	%
	a 33 1/3% support tests - 2009. If the			on line 14, and line	ا 15 s more than 3:		
	more than 33 1/3%, check this box ar	ndstop here. The	organization quali	fies as a publicly su	pported organizat	tion	$\triangleright X$
	33 1/3% support tests - 2008. If the	_					ana 🛌 🦳
20	line 18 is not more than 33 1/3%, che					-	

Schedule A (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
PAYROLL TAX LOCAL CLUB OPTIONS	1,412. 26,521.	
TOTAL TO FORM 990-EZ, LINE 1	6	27,933.

FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT 2
AFFILIATE'S NAME	AFFILIATES ADDI	ESS
ROTARY INTERNATIONAL		
PURPOSE OF PAYMENT		AMOUNT
DUES		18,614.
TOTAL INCLUDED ON FORM 9	90-EZ, LINE 10	18,614.

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS STATEMENT ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	3
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	NO
В)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? [] YES [X]	NO

10

990-EZ PG 2

STATEMENT

4

A CLUB OF PROFESSIONAL LEADERS UNITED WORLDWIDE WHO PROVIDE HUMANITARIAN SERVICES, ENCOURAGE HIGH ETHICAL STANDARDS IN ALL VOCATIONS AND HELP BUILD GOODWILL AND PEACE IN THIS WORLD.